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**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number

10090956

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY**

OR

**OTHER THAN SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	11	Minus	20	7
Independent (37 CFR 1.16(b))	1	Minus	3	2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	7
X \$ _____ =	2
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	7
X \$ _____ =	2
+ \$ _____ =	
TOTAL ADD'L FEE	

4-1-05

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	9	Minus	20	-
Independent (37 CFR 1.16(b))	1	Minus	3	-
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))		Minus		
Independent (37 CFR 1.16(b))		Minus		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.



\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<b>TRANSMITTAL FORM</b>		Application Number		10/090,956			
		Filing Date		March 5, 2002			
		First Named Inventor		Nobukazu Kato			
		Art Unit		2833			
		Examiner Name		Renee S. Luebke			
Total Number of Pages in This Submission		7	Attorney Docket Number		200380-9022		
<b>ENCLOSURES (check all that apply)</b>							
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Before Final <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declarations <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form(s) <input type="checkbox"/> Cited References <input type="checkbox"/> Certified Copy of Priority Document <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Submission of Formal Drawings <input type="checkbox"/> Other:			<b>PETITION FOR EXTENSION OF TIME</b> This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  <input type="checkbox"/> Applicant(s) claims small entity status under 37 CFR 1.27. <input checked="" type="checkbox"/> Applicant(s) petitions for a two-month extension of time and pay the fee of \$450.00 (37 CFR 1.17(a)(1)-(5)). <input type="checkbox"/> Applicant(s) believes that no petition for an extension of time is necessary (37 CFR 1.36(c)); however, applicant(s) hereby petition for sufficient extension of time to render the present submission timely.				
<b>CLAIMS FEES</b>							
<input checked="" type="checkbox"/> No additional claim fee is required.							
				Small Entity		Large Entity	
	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Claims Present	Rate	Addit. Claim Fee	Rate
Total	9	-	20	=0	x 25=	\$0	x 60=
Independent	1	-	3	=0	x 100=	\$0	x 200=
<input type="checkbox"/> First Presentation of Multiple Claim					+ 180=	\$0	+ 360=
<b>FEES</b>							
<input type="checkbox"/> Additional Claim Fee						\$0.00	
<input checked="" type="checkbox"/> Extension fee for two-month						\$450.00	
<input type="checkbox"/> Information Disclosure Statement						\$0.00	
<input type="checkbox"/> Surcharge for Missing Parts - Declaration						\$0.00	
<input type="checkbox"/> Terminal Disclaimer						\$0.00	
<b>TOTAL FEES</b>						<b>\$450.00</b>	
<b>PAYMENT OF FEES</b>							
<input type="checkbox"/> A check in the amount of \$ 0.00 is enclosed.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1965.							
<input checked="" type="checkbox"/> The Director is authorized to charge Deposit Account Number 50-1965 in the amount of \$450.00.							
<b>SIGNATURE OF ATTORNEY</b>							
Paul M. McGinley, Reg. No. 55,443 MICHAEL BEST & FRIEDRICH LLP 401 North Michigan Avenue Suite 1900 Chicago, Illinois 60611 Telephone: (312) 222-0800 Facsimile: (312) 222-0818				 Signature Date: April 1, 2005			
<b>CERTIFICATE OF TRANSMISSION/MAILING</b>							
I hereby certify that this correspondence is:							
<input checked="" type="checkbox"/> being facsimile transmitted to the USPTO, facsimile number (703) 872-9308.							
<input type="checkbox"/> deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below							
Typed or printed name				Elizabeth M. Campbell Tressler			
Signature				 Date: April 1, 2005			

FEE only

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